

FOUNDATION REVIEW

Route: _____

Over: _____

Structure No.: _____

Des. No.: _____

Construction Project No.: _____

It is recommended that the following foundation(s) be used for the structure identified above.

Support	1	2	3	4
Type				
Size				
Design Load				
Ultimate Load				
Minimum Pile Tip Elevation				
Pile Tips	Yes No	Yes No	Yes No	Yes No
Bottom of Footing Elevation				
Top of Footing Elevation				

The structure is on piles, so the Pile Loading for Geotechnical Testing chart is attached.

Yes No N/A

Other: _____

Designer

Consultant (if applicable)

Date

Approved by: _____
Geotechnical Engineer

Date: _____

Reviewed by: _____
INDOT Project Manager

Date: _____

Reviewed by: _____
INDOT Section Manager

Date: _____